

TACTICAL RESPONSE REPORT/Chicago Police Department

|   |   |   |                                   |  |   |   |   |  |  |  |  |  |
|---|---|---|-----------------------------------|--|---|---|---|--|--|--|--|--|
| MEMBER INVOLVED<br><input type="checkbox"/> DNA   | 1. DATE OF INCIDENT<br><b>10-JUL-2016</b> |   | TIME<br><b>01:17:00</b>           | 2. ADDRESS OF OCCURRENCE<br><b>1857 E 87TH ST , Apt 2D CHICAGO, IL 60617</b>   |   |   | 3. LOCATION CODE<br><b>090</b>  | 4. BEAT/OCCUR<br><b>0412</b>   | 4a. VIDEO RECORDED INCIDENT<br><input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER<br><input type="checkbox"/> 03 OTHER REPT VIDEO |  |  |  |
|   | 5. POSITION<br><b>9161</b>                | 6. LAST NAME<br><b>DELGADO FERNANDEZ</b>  | 7. FIRST NAME<br><b>ENRIQUE A</b> | 8. STAR NO.<br><b>6261</b>   | 9. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F  | 10. RACE CODE<br><b>WWH</b>   | 11. AGE<br>[REDACTED]   | 12. HT.<br><b>601</b>  | 13. WT.<br><b>200</b>  |  |  |  |
| SUBJECT INFORMATION<br><input type="checkbox"/> DNA   | 14. DATE OF APPT.<br><b>31-OCT-2012</b>   |   | 15. EMPLOYEE NO.<br>[REDACTED]    | 16. UNIT & BEAT OF ASSIGNMENT<br><b>004 0432R</b>  |   | 17. DUTY STATUS<br><input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off  | 18. MEMBER INJURED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  | 19. MEMBER IN UNIFORM?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No          |  |  |  |  |
|   | 20. LAST NAME<br><b>PHILLIPS</b>          |   | 21. FIRST NAME<br><b>DEVONTE</b>  | 22. M.I.<br>[REDACTED]   | 23. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F   | 24. RACE<br><b>BLK</b>  | 25. D.O.B.<br><b>20-NOV-1997</b>  | 26. HT.<br><b>507</b>  | 27. WT.<br><b>148</b>  |  |  |  |
| 28. ADDRESS <b>1857 E 87TH ST , Apt 2D CHICAGO, IL 60617</b>  |   |   | 29. TELEPHONE NO.<br>[REDACTED]   | 30. WAS SUBJECT ARMED? OTHER (SPECIFY)<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No  |   |   | 31. SUBJECT INJURED?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   | 32. SUBJECT ALLEGED INJURY?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No     |  |  |  |  |
| 33. WHERE WAS MEDICAL TREATMENT OBTAINED?<br><b>EHS TRINITY HOSPITAL TRANSFERRED TO CHRIST HOSPITAL</b>   |   |   |                                   |  |   |   |   |  |  |  |  |  |
| 34. BY WHOM?<br><b>AHMAD/CARTELANO</b>  |   |   |                                   |  | 35. CONDITION<br><input checked="" type="checkbox"/> 01 Apparently Normal<br><input type="checkbox"/> 04 Not Hospitalized | <input type="checkbox"/> 02 Under Influence<br><input type="checkbox"/> 05 Refused Medical Aid  |   |  | <input checked="" type="checkbox"/> 03 Hospitalized  |  |  |  |
| 36. CHARGES PLACED<br><b>720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4</b>   |   |   |                                   |  | 37. CB NO.<br>[REDACTED]  | IR NO.<br><b>19340274</b>   |   |  | <input type="checkbox"/> DNA   |  |  |  |
| REASON FOR USE OF FORCE<br>(Check all that apply)<br><input type="checkbox"/> DNA   | PASSIVE RESISTER                          |   | ACTIVE RESISTER                   |  | ASSAILANT:ASSAULT   |   | ASSAILANT:BATTERY   |  | ASSAILANT:DEADLY FORCE   |  |  |  |
|   | SUBJECTS ACTIONS                          | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>   |                                   | FLED <input type="checkbox"/>  |   | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>  |   | ATTACK WITH WEAPON <input type="checkbox"/><br>ATTACK WITHOUT WEAPON <input type="checkbox"/><br>OTHER _____ |  | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER _____ |  |  |
|   |   | STIFFENED (DEAD WEIGHT) <input type="checkbox"/>  |                                   | PULLED AWAY <input type="checkbox"/>   |   | PERCEIVED AS _____  |   |  |  |  |  |  |
|   |   | OTHER _____   |                                   | OTHER _____  |   |   |   |  |  |  |  |  |
|   | MEMBERS RESPONSE                          | MEMBER PRESENCE <input checked="" type="checkbox"/>   |                                   | OPEN HAND STRIKE <input type="checkbox"/><br>TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>  |   | ELBOW STRIKE <input type="checkbox"/>   |   | KNEE STRIKE <input type="checkbox"/>   |  | FIREARM <input checked="" type="checkbox"/>                              |  |  |
|   |   | VERBAL COMMANDS <input checked="" type="checkbox"/>   |                                   | OC CHEMICAL WEAPON <input type="checkbox"/>  |   |   |   |  |  |  |  |  |
|   |   | ESCORT HOLDS <input type="checkbox"/>   |                                   | CANINE <input type="checkbox"/>  |   | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>   |   | KICKS <input type="checkbox"/>   |  |  |  |  |
|   |   | WRISTLOCK <input type="checkbox"/>  |                                   | TASER (Probe Discharge) <input type="checkbox"/><br>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>  |   | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>   |   | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>  |  |  |  |  |
|   |   | ARMBAR <input type="checkbox"/>   |                                   | TASER (Contact Stun) <input type="checkbox"/><br>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>   |   | OTHER _____   |   |  |  |  |  |  |
|   |   | PRESSURE SENSITIVE AREAS <input type="checkbox"/>   |                                   | TASER (ARC Cycle) <input type="checkbox"/><br>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>  |   |   |   |  |  |  |  |  |
| CONTROL INSTRUMENT <input type="checkbox"/>   |   | TASER (Spark Displayed) <input type="checkbox"/><br>01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> |                                   |  |   |   |   |  |  |  |  |  |
| OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>   |   | OTHER _____   |                                   |  |   |   |   |  |  |  |  |  |
| LRAD WITH AUTHORIZATION <input type="checkbox"/>  |   | OTHER _____   |                                   |  |   |   |   |  |  |  |  |  |
| OTHER _____   |   | OTHER _____   |                                   |  |   |   |   |  |  |  |  |  |
| * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)   |   |   |                                   | RANK   | STAR NO.  | UNIT NO.  | 40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No                           |  |  |  |  |  |
| 40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No   |   |   |                                   | 40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   |   |   | 40c. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY?<br><input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member |  |  |  |  |  |
| 41. WEAPON TYPE<br><input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL<br><input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON<br><input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge)<br><input type="checkbox"/> 07 OTHER  |   | 42. INCIDENT OCCURRED<br><input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors                                  |                                   | 43. LIGHTING CONDITIONS<br><input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 06 Good Artificial  |   | 44. WEATHER CONDITIONS<br><b>CLEAR</b>  |   |  |  |  |  |  |
| 45. MAKE/MANUFACTURER<br><b>GLOCK, INC.-AU-</b>   |   | 46. MODEL<br><b>17</b>  |                                   | 47. BARREL LENGTH<br><b>4.49</b>   |   | 48. CALIBER/GAUGE<br><b>9 MM</b>  |   |  |  |  |  |  |
| 49. TASER DART ID NO.<br><b>TXX729</b>  |   | 50. WEAPON SERIAL NO. (Include Letters)<br><b>R028858S</b>  |                                   | 51. CHICAGO GUN REG. NO.<br><b>95680219</b>  |   | 52. IL FIREARM OWNER ID. NO.<br><b>53. HANDGUN CERTIFICATE NO.</b>  |   |  |  |  |  |  |
| 54. SPECIAL WEAPON CERTIFICATE NO.  |   | 55. PROPERTY INVENTORY NO.  |                                   | 56. TYPE OF AMMUNITION USED<br><b>Department Issued</b>  |   | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.<br><b>1</b>   |   | 58. TOTAL NO. OF SHOTS MEMBER FIRED<br><b>1</b>  |  |  |  |  |
| 59. WHO FIRED FIRST SHOT<br><input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER  |   | 60. WAS FIREARM RELOADED DURING INCIDENT<br><input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO                   |                                   | 61. NO OF CARTRIDGES/SHOT SHELLS RELOADED<br><b>0</b>  |   | 62. HOW WAS MEMBER'S HANDGUN WORN<br><input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) |   |  |  |  |  |  |
| 63. HOW WAS MEMBER'S HANDGUN DRAWN<br><input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW  |   | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD   |                                   |  |   | 65. DID MEMBER USE SIGHTS<br><input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO                                    |   |  |  |  |  |  |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)<br><b>NONE</b>  |   |   |                                   | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED<br><input type="checkbox"/> 01 0 - 5 FT. <input checked="" type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.     |   |   |   |  |  |  |  |  |
| 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON<br><input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE<br><input checked="" type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION |   |   |                                   | 69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN<br><input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) |   |   |   |  |  |  |  |  |
| 70. ADDITIONAL INFORMATION<br><b>BWC REVIEWED BY A/O PRIOR TO TRR. SUBJECT HOLDING</b>  |   |   |                                   |  |   |   |   |  |  |  |  |  |

**AND POINTING A GUN**

|                  |  |                                  |   |
|------------------|--|----------------------------------|---|
| CASE INFORMATION | NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE<br>NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC<br>NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC<br>Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. |                                  |   |
|                  | 40. ADDITIONAL INFORMATION<br><b>BWC REVIEWED BY A/O PRIOR TO TRR. SUBJECT HOLDING AND POINTING A GUN</b>  |                                  |   |
| SIGNATURES       | 73. REPORTING MEMBER (Print Name)<br><b>DELGADO FERNANDEZ, ENRIQUE A</b><br>10-JUL-2016 08:18:41   | STAR/EMPLOYEE NO.<br><b>6261</b> | SIGNATURE<br>[REDACTED]                           |
|                  | Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.   |                                  |   |
|                  | 74. REVIEWING SUPERVISOR (Print Name)<br><b>DELGADO, TRACY P</b>   | STAR NO.<br><b>989</b>           | DATE REVIEWED TIME<br><b>10-JUL-2016 08:27:59</b> |

Additional discharged weapons:

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

Subject being treated at Christ Hospital

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

### 76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

U#16-010

As of this report no further action by the undersigned is required. Investigation into this incident is ongoing by Area South Detective Division and appropriate charges have not yet been placed. Based on the facts available at this time, it is the preliminary finding that Officer Delgado acted in compliance with department policy.

### 77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

### 78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

LOG NO. 1081378 OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE:

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

### 79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

**PENA, MARIA C**

80.

TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

### 81. TOTAL TRR's THIS EVENT No.

**2**

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

**10-JUL-2016 08:33:40**